

CANINE TEAM CERTIFICATION REQUEST

MAIL TO: 19010 1ST AVE. S., BURIEN, WA 98148 *or* FAX TO: 206/835-7928 PLEASE TYPE OR WRITE LEGIBLY AND DO NOT ABBREVIATE

CANINE TEAM		TEAM I	TEAM DISBANDED	
AGENCY:		AGENCY:	AGENCY:	
PEACE OFFICER'S NAME (Full Name):		PEACE OFFICER'S NAME (PEACE OFFICER'S NAME (Full Name):	
CANINE'S NAME:		CANINE'S NAME:	CANINE'S NAME:	
DATE TEAM ESTABLISHED (MM/DD/YY):		DATE TEAM DISBANDED	DATE TEAM DISBANDED (MM/DD/YY):	
TYPE OF CANINE TEAM:		REASON FOR TEAM DISB	REASON FOR TEAM DISBANDING:	
☐ PATROL TEAM		Canine Officer F	Canine Officer RESIGNED	
EXPLOSIVE DETECTION TEAM				
NARCOTIC DETECTION TEAM			Canine Officer DECEASED Canine Officer MEDICAL	
		Other:		
		NOTE: If one member of	NOTE: If one member of the team changes, a new team	
			exists, and the new team will need to be certified.	
The above named Canine Team meets or exceeds the Canine Performance Standards portion of the Washington State Criminal Justice Training Commission in accordance with WAC 139-05-915. The evaluator has indicated, by their initials, that all phases of the standard requirements for certification have been met by the Canine Team.				
Initials	PATROL AND INVESTIGATION REQUIREMENTS			
	A. Obedience, B. Protection and control, C. Area search, D. Building search, and E. Tracking.			
Initials	NAPOOTICS DETECTION DECLUDEMENTS			
IIIILIdis		uilding search, B. Vehicle search, C. Exterior search, and D. Obedience.		
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Initials	EXPLOSIVE DETECTION REQUIREMENTS			
	A. Obedience, B. Building search, C. Private and commercial vehicle search, and D. exterior search.			
I declare under penalty of perjury under the laws of the state of Washington that the above information is true and correct to the best of my knowledge.				
NAME OF EVALUATOR <u>AND</u> AGENCY: SIGN		SIGNATURE OF EVALUATOR:	DATE TESTED/CERTIFIED:	
AGENCY APPROVAL (Chief or Sheriff):			DATE:	